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Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	11847	
Facility Name:	Mission	Community Hospital - Panorama Campus
Address:	14850 R	Roscoe Blvd.
City:	Panoran	na City
Hospital Owner/Lice		Please Enter License/Owner Name 2010
Contact 1 e-mail Add	dress:	
Contact 2 e-mail Add	dress:	
Contact 3 e-mail Add	dress::	
Name of Subi	mitter:	Rick York
Submission	Date:	1/27/2011 1:00:00 PM

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 01 Building Name: Building A - Tower						
Type of Service Prov	<u>vided</u>					
X Nursing	Inpatient Beds	25 Inpatient 25 Days	Surgical	Obstetrical Recovery		
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby		
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency		
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine		
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy		
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis		
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery		
		Total Beds this Building 25	Obstetrical Cesarean/Deliv	Central Plant		

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 02	Buildi	ng Name: Building B - Ancillary Build	ling	
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging Pharmaceutical	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis Outpatient
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical	Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 03	Buildi	ng Name: Building C - Emergency De	epartment B	
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	X Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging Pharmaceutical	X Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration Support	Renal Dialysis Outpatient
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Services	Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	01 B	Building Name: Build	ling A - Tower		
Medical / Surgical (Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 25 Bed	Inpatient 25 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center			ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	25	25

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	02	Building Name:	Building B - Ancillary Building	9	
Medical / Surgical	(Include GYN)	Acute Respirate	ory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care I Nursery	Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	03	Building Name: Buil	lding C - Emergency D	Pepartment B	
Medical / Surgical	(Include GYN)	Acute Respiratory	y Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	ewborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developi Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Building A - Tower	
02	Building B - Ancillary Building	
03	Building C - Emergency Department B	
04	Building D - South Tower	

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

		_			
Building Number:	01	Building Name:	Building A - Tower		
		•			
Type of Service	e Provided				
			Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X	Nursing		Anesthesia	_	
	IntensiveCare		_	Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol escent	L	Clinical Lab	Newborn/	Outpatient Surgery
	Psychiatric		Radiological/ Imaging	WellBaby	ou.go.y
	Nursing		Pharmaceutical	Emergency	Central Plant
	Obstetrical Ante/Postprtu	m		Nuclear	Support
	7 tillo/1 colpita		Dietetic	Medicine	Services
	Intermediate Care				
	Cuio		Administration		
	Skilled Nursin	g			

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	02 Buildi	ng Name: B	uilding B - Ancillary I	Building				
Type of Servic	Type of Service Provided							
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	Nursing		Anesthesia					
	IntensiveCare			Obstetrical Recovery		Renal Dialysis		
	Pediatric/Adol	X	Clinical Lab			Outpatient		
	escent	X	Radiological/ Imaging	Newborn/ WellBaby	Ш	Surgery		
	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant		
	Obstetrical							
	Ante/Postprtum		Dietetic	Nuclear Medicine		Support Services		
	Intermediate							
	Care		Administration					
	Skilled Nursing							

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	03 Buildin	g Name: Building C - Emerge	ncy Department B				
Type of Service Provided							
		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	Nursing	Anesthesia					
	IntensiveCare		Obstetrical Recovery		Renal Dialysis		
	Pediatric/Adol	Clinical Lab	_		Outpatient		
	escent	Radiological/	Newborn/ WellBaby		Surgery		
	Psychiatric Nursing	Imaging					
	J	Pharmaceutical	X Emergency		Central Plant		
	Obstetrical Ante/Postprtum	Dietetic	X Nuclear Medicine		Support Services		
	Intermediate Care	Administration					
	Skilled Nursing	Administration					

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	01	Building Na	me: Building A - Tow	ver				
Configuration:	Configuration Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030							
Type of Service	ce Provided							
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
1 1	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant	
	ntermediate Care		Dietetic					
	Skilled Nursing		Administration		Nuclear Medicine		Support Services	

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number: 02 Building Name: Building B - Ancillary Building									
Configuration Retrofit Non-Confo		orming building to SPC 2 and NPC 3 and remove from service by 2030							
Type of Service Provided									
N	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
I I	ediatric/Adol scent	Х	Clinical Lab		Recovery				
	sychiatric lursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant		
	ntermediate		Dietetic				COMMIT MIN		
	are killed Nursing		Administration		Nuclear Medicine		Support Services		

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number: 03 Building Name: Building C - Emergency Department B								
Configuration Retrofit Non-Confo		orming building to SPC 2 and NPC 3 and remove from service by 2030						
Type of Service Provided								
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
In	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	ediatric/Adol scent		Clinical Lab		Recovery			
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	bstetrical nte/Postprtum		Pharmaceutical	X	Emergency		Central Plant	
	termediate		Dietetic		Emergency	Ш	Ochilai Fiani	
	are		Administration	X	Nuclear Medicine		Support Services	
S	killed Nursing							

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number: 04 Building Name: Building D - South Tower							
Configuration:	N/A						
Type of Service Provided							
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
X	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency	X	Central Plant
	Intermediate Care	X	Dietetic				
	Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Buildi	ng Number: 04							
Type of Service Provided								
X	Nursing	Inpatient Beds	50	X	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
X	IntensiveCare	Inpatient Beds	10	X	Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis	
X	Psychiatric Nursing	Inpatient Beds	60		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery	
	Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	Emergency	X Central Plant	
	Intermediate Care	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	X Support Services	
	Skilled Nursing	Inpatient Beds	0	X	Administration			
	Total Beds this Building		120					

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	04 Build	ing Name: Build	ling D - South Tower			
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 50 Bed	Inpatient 36 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 60 Bed	Inpatient 50 Days	
Perinatal (excluse Ne	ewborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / develop	nent	
Inpatient 10 Bed	Inpatient 6 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	120	0	